



January 2001

# Montana Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

PO Box 200513, 111 N Jackson, Helena, MT 59620-0513

## Board of Pharmacy Meetings

The Montana Board of Pharmacy plans to meet four times in 2001. The **tentative** schedule of upcoming Board meetings is as follows:

January 16-17, 2001 in Helena

April 17-18, 2001 in Helena

July 24-25, 2001 (location to be announced)

October 16 and 17, 2001 in Helena

The agenda for each meeting will be accessible on the Internet at least 10 days prior to the meeting at [www.com.state.mt.us/License/POL](http://www.com.state.mt.us/License/POL).

## Our New Executive Director

Rebecca "Becky" Deschamps, RPh, is a native of Dillon. A 1968 graduate of the University of Montana School of Pharmacy, Becky initially worked for 12 years in the community pharmacy setting. For the past 20 years, she has practiced hospital pharmacy in Missoula. She is a past president of the Montana State Pharmaceutical Association and served two terms on the Board of Pharmacy. In addition to spending time with her husband, she enjoys her four grown children and eagerly looks forward to the birth of her first grandchild in April. She may be reached in Helena at 406/841-2355.

## DEA Registration Renewals

The Drug Enforcement Administration has advised our office that pharmacies seeking to renew their registration to dispense dangerous drugs should allow a **turnaround of approximately 30 days**.

## Compliance

When Tom Mensing, the compliance specialist of the Montana Board of Pharmacy, calls on your pharmacy, he looks for the following:

- ◆ a secure prescription area with sufficient barriers to unauthorized personnel;
- ◆ cleanliness;

- ◆ posting of all current licenses;
- ◆ "generic substitution" notice stating that generics are substituted only with the patient's permission;
- ◆ secure storage of controlled substances;
- ◆ proper storage temperatures of pharmaceuticals;
- ◆ name badges on all personnel to identify whether that employee is a pharmacist, intern, extern, tech, or clerk;
- ◆ proper equipment and references in place;
- ◆ patient profile system;
- ◆ method of drug utilization review used by the pharmacist;
- ◆ counseling procedures;
- ◆ an appropriate counseling area;
- ◆ controlled substance records maintained for two years;
- ◆ a current Drug Enforcement Administration (DEA) biennial inventory;
- ◆ DEA Schedule II order forms properly completed;
- ◆ Schedule II invoices filed separately;
- ◆ controlled substance invoices filed separately;
- ◆ proper filing of prescriptions (8.40.405A-408A);
- ◆ documentation of prescription transfers;
- ◆ outdated pharmaceuticals removed from stock;
- ◆ prescription printouts have all required information (8.40.502);
- ◆ the printout or logbook is signed by the dispensing pharmacist(s) on duty that day;
- ◆ the system can produce a drug-audit trail;
- ◆ a technician utilization plan is accessible and used (if technicians are utilized), and the certificate showing this is posted;
- ◆ technician training documents are on file; and
- ◆ the proper pharmacist/technician ratio is maintained.

In a hospital setting, emergency room drug lists and procedures as well as policies and procedures governing the re-

*Continued on page 4*

Continued from page 1

ceipt of orders and the distribution of drugs, are also reviewed. A bit of preparation in this regard should help to reduce any “deer in the headlights” sensation on the part of pharmacists on duty when Tom stops by. Policies and procedures for inspections are currently being written and refined. The Board welcomes your input in this regard.

### **Change Of USP Expiration Date Standard**

The US Pharmacopeia has revised its expiration date standard for repackaging non-sterile, unit-dose containers from 25% of the remaining time until the expiration date on the stock bottle or **six months, whichever is less**, to the actual expiration date on the stock bottle or **one year, whichever is earlier**. It is the pharmacist’s responsibility to consider the nature of the drug repackaged and the type of repackaging system, along with the manufacturer’s product labeling and projected storage conditions when determining the expiration date.

### **Herbal Products**

The flu season is officially here, and sales of Echinacea are booming. You probably realize that Echinacea may theoretically interfere with immunosuppressive therapy. It stimulates phagocytosis and increases respiratory cellular activity and leukocyte mobility. Its use is contraindicated in patients with tuberculosis, multiple sclerosis, collagen disorders or other progressive systemic diseases, AIDS, HIV infection and autoimmune disease. You may **not** have known that preliminary evidence suggests Echinacea might inhibit oocyte fertilization and alter sperm DNA. This has not yet been demonstrated in humans, but couples attempting to conceive would be well advised to avoid the use of Echinacea. Ginkgo, ginseng, or even green tea can increase the risk of bleeding when taken in conjunction with anticoagulant or antiplatelet drugs. Most patients do not consider herbal supplements to be “drugs”; therefore, patients do not include these in the medical histories given to their pharmacists or physicians. The results can

be disastrous, as a recent western Montana patient stabilized on Coumadin and amiodarone found out. He added ginkgo to this regimen without consulting his pharmacist or physician and several weeks later was admitted to the emergency room with an INR of 14! The November 20 issue of *Drug Topics* mentions the interaction of St. John’s Wort with indinavir, cyclosporine, and oral contraceptives, decreasing the blood levels of the latter three drugs to a potentially ineffective point. The November 20 issue of *Drug Topics* also cites several databases such as [www.naturaldatabase.com](http://www.naturaldatabase.com) and [nccam.nih.gov](http://nccam.nih.gov).

### **MCA 50-32-105**

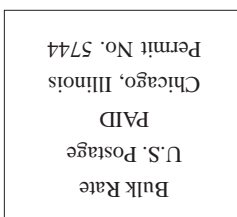
MCA 50-32-105 mandates that the Board of Pharmacy shall conduct educational programs designed to prevent misuse and abuse of drugs. While the statute is aimed primarily at dangerous drugs, the Board sees a need to approach this from a broad perspective. Public service advertisements on television have been considered and likely will be done. Another possibility is that of educational handouts for patients. A pamphlet on the contraindications and interactions of the most commonly used herbal products could be given free-of-charge to patients and is currently in the planning stage. This could open up some meaningful discussions with your patients. Contact the Board office at 406/841-2355 or 2356 if you have suggestions or comments.

---

Page 4 – January 2001

The *Montana Board of Pharmacy News* is published by the Montana Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote voluntary compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

Cami Robson - State News Editor  
Carmen A. Catizone, MS, RPh - National News Editor  
& Executive Editor  
Courtney M. Karzen - Editorial Manager



National Association of Boards of Pharmacy Foundation, Inc.  
700 Busse Highway  
Park Ridge, Illinois 60068  
MONTANA BOARD OF PHARMACY